

County: Milwaukee  
 FRIENDSHIP VILLAGE  
 7300 WEST DEAN ROAD  
 MILWAUKEE 53223

Phone: (414) 354-3700

Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 83  
 Total Licensed Bed Capacity (12/31/01): 92  
 Number of Residents on 12/31/01: 73

Facility ID: 3530

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Ownership:

Non-Profit Corporation

Highest Level License:

Skilled

Operate in Conjunction with CBRF?

Yes

Title 18 (Medicare) Certified?

Yes

Title 19 (Medicaid) Certified?

Yes

Average Daily Census:

76

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		56.2
Supp. Home Care-Personal Care	No					1 - 4 Years		39.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.7	More Than 4 Years		4.1
Day Services	No	Mental Illness (Org./Psy)	30.1	65 - 74	2.7			-----
Respite Care	No	Mental Illness (Other)	6.8	75 - 84	11.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	63.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	20.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	11.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	13.7	65 & Over	97.3	-----		
Transportation	No	Cerebrovascular	4.1		-----	RNs		8.2
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		6.9
Other Services	No	Respiratory	12.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.2	Male	23.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	76.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	2	11.1	124	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.7
Skilled Care	6	100.0	285	15	83.3	105	2	100.0	105	46	100.0	184	0	0.0	0	1	100.0	184	70	95.9
Intermediate	---	---	---	1	5.6	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		18	100.0		2	100.0		46	100.0		0	0.0		1	100.0		73	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	10.8	Daily Living (ADL)	Independent			
Private Home/With Home Health	10.8	Bathing	9.6	52.1	38.4	73
Other Nursing Homes	2.2	Dressing	12.3	52.1	35.6	73
Acute Care Hospitals	71.9	Transferring	19.2	58.9	21.9	73
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	20.5	50.7	28.8	73
Rehabilitation Hospitals	0.0	Eating	52.1	23.3	24.7	73
Other Locations	4.3	*****				
Total Number of Admissions	185	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.2	Receiving Respiratory Care		5.5
Private Home/No Home Health	34.0	Occ/Freq. Incontinent of Bladder	65.8	Receiving Tracheostomy Care		1.4
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	26.0	Receiving Suctioning		0.0
Other Nursing Homes	4.6			Receiving Ostomy Care		1.4
Acute Care Hospitals	33.5	Mobility		Receiving Tube Feeding		6.8
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	8.2	Receiving Mechanically Altered Diets		27.4
Rehabilitation Hospitals	0.0					
Other Locations	9.3	Skin Care		Other Resident Characteristics		
Deaths	18.6	With Pressure Sores	11.0	Have Advance Directives		100.0
Total Number of Discharges (Including Deaths)	194	With Rashes	2.7	Medications		
				Receiving Psychoactive Drugs		53.4

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## Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities &amp; Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group Ratio %	Bed Size: 50-99 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	82.3	88.9	0.93	86.3	0.95
Current Residents from In-County	97.3	88.1	1.10	89.4	1.09
Admissions from In-County, Still Residing	21.1	22.9	0.92	19.7	1.07
Admissions/Average Daily Census	243.4	129.6	1.88	180.6	1.35
Discharges/Average Daily Census	255.3	133.7	1.91	184.0	1.39
Discharges To Private Residence/Average Daily Census	86.8	47.6	1.82	80.3	1.08
Residents Receiving Skilled Care	98.6	90.5	1.09	95.1	1.04
Residents Aged 65 and Older	97.3	97.0	1.00	90.6	1.07
Title 19 (Medicaid) Funded Residents	24.7	56.0	0.44	51.8	0.48
Private Pay Funded Residents	63.0	35.1	1.80	32.8	1.92
Developmentally Disabled Residents	0.0	0.5	0.00	1.3	0.00
Mentally Ill Residents	37.0	30.9	1.20	32.1	1.15
General Medical Service Residents	19.2	27.3	0.70	22.8	0.84
Impaired ADL (Mean)	54.0	50.3	1.07	50.0	1.08
Psychological Problems	53.4	52.4	1.02	55.2	0.97
Nursing Care Required (Mean)	7.0	7.1	0.99	7.8	0.90